

ATTORNEY'S REQUESTS FOR ACCESS TO MASSACHUSETTS CRIMINAL RECORDS

Attorneys are permitted to access the Massachusetts criminal offender record information (CORI) of both clients and non-clients with certain limitations and requirements.

This packet includes:

- 1.) an Advocate's Authorization to seek Massachusetts CORI form, and
- 2.) a Request for Publicly Accessible Massachusetts CORI form.

I. CORI Relating to a Client

The Advocate's Authorization to seek Massachusetts CORI form may be used to obtain a copy of your client's Massachusetts criminal offender record information (CORI). Please note that it requires both your signature and your client's *notarized* signature. Pursuant to M.G.L. c.6, § 172A, the fee for this request is \$25.00 in check or money order made payable to the Commonwealth of Massachusetts. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, § 27A, please see the fee-waiver criteria below or visit our website at: www.mass.gov/chsb. The form should be mailed with a self-addressed, stamped envelope to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

II. CORI Relating to a Non-Client

If you are seeking the criminal record of a non-client, certain types of CORI may be requested from this agency, provided certain conditions are met:

A.) Publicly Accessible CORI

It is lawful to request this agency to provide a copy of another person's publicly accessible Massachusetts adult conviction record. For the adult conviction record to be "publicly accessible" the person whose record is requested must have been convicted of a crime punishable by a sentence of five years or more, or has been convicted of any crime and sentenced to any term of imprisonment, and at the time of the request:

1. is serving a sentence of probation or incarceration, or is under the custody of the parole board; or
2. having been convicted of a misdemeanor, has been released from all custody or supervision not more than one year; or
3. having been convicted felony, has been released from all custody or supervision for not more than two years; or
4. having been sentenced to the custody of the department of correction, has finally been discharged therefrom, either having been denied release on parole or having been returned to penal custody for violating parole for not more than three years.

The enclosed form marked Request for Publicly Accessible CORI should be mailed to the CHSB, together with a check or money order made payable to the Commonwealth of Massachusetts for \$30.00 per requested name.

B.) CORI for Witness Impeachment or Trial Strategy

Pursuant to M.G.L.c.6,§172(c), a general grant of access was approved by the CHSB that permits attorneys of record in civil litigation to request criminal records for the purposes of witness

impeachment or trial strategy. Access to the record is subject to the following conditions:

1.) Attorneys of record shall submit to the trial judge a motion requesting the approval of that judge to utilize the general grant of access to CORI, as provided by the CHSB, to Attorneys of Record. That motion shall identify by name and date of birth those individuals whose CORI is to be accessed as well as the type of CORI data for which access is sought (i.e. all criminal record information, conviction data only, arrest reports, etc.); and

2.) the attorney of record shall attach to the above-described motion an affidavit that the CORI sought is to be used exclusively for witness impeachment purposes or trial strategy purposes related to that civil litigation, and that such CORI as accessed shall not be disclosed to unauthorized persons and/or in violation of M.G.L. c. 6 § 167 et seq. or 803 CMR 1.00 et seq.

Attorneys with approved motions providing access to criminal records must send those motions to the CHSB together with a check or money order made payable to the Commonwealth of Massachusetts for \$30.00 per requested name. Please include a self-addressed, stamped envelope. If you are a court appointed attorney, please send a copy of Notice of Assignment of Counsel form in order to have the fee waived. All allowed motions for CORI data other than criminal records, (e.g. arrest reports) should be directed to the criminal justice agency having custody of such CORI data. Please allow at least two weeks for processing.

ADVOCATE'S AUTHORIZATION TO SEEK MASSACHUSETTS CORI

Provide the below requested information, notarizing the signature of the individual named in the criminal record, and mail it, **along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A** and a self-addressed stamped envelope to this agency. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, §27A, please see the fee-waiver criteria below or visit our website at: www.mass.gov/chsb. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency's mailing address is: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

IDENTIFICATION OF INDIVIDUAL AUTHORIZED TO INSPECT CRIMINAL RECORD

Last name	First name	Middle name
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Nature of advocacy

Mailing address	Town	State	Zip code
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IDENTIFICATION AND AUTHORIZATION OF THE INDIVIDUAL NAMED IN THE CRIMINAL RECORD

Last name	First name	Middle name
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Date of Birth (MM/DD/YY)	Social Security Number (requested but not required)
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I hereby authorize my above-named advocate _____, to obtain a copy of my criminal record on my behalf, from the Criminal History Systems Board. I further acknowledge that I am aware that Massachusetts law prohibits a person from requesting or requiring another person to produce a copy of his or her own record, unless so authorized by the Criminal History Systems Board, pursuant to M.G.L. c.6, § 172. I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true and to the best of my knowledge and belief.

Signature of individual named in criminal record	Date
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AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above-named individual, whose record is being requested, _____, appeared before me, the undersigned authority, this _____ day of _____, 200____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public

Correctional Facility Official (give rank and title)

My commission expires

Correctional Facility Address and Phone

PERSONAL CRIMINAL RECORD REQUESTS
& THIRD PARTY CRIMINAL RECORD REQUESTS

Beginning July 1, 2003, the Criminal History Systems Board shall assess a fee in the amount of \$25.00 per request for a personal criminal record request or a third party authorization request (from attorneys and advocates) as required by M.G.L. c. 6, § 172A. A fee shall not be imposed if an individual is determined to be indigent as defined by section 27A of chapter 261. In order to be considered for a waiver of the \$25.00 fee, kindly review the following provisions:

1. For Inmates: Please provide an affidavit of indigency as set forth by G.L. c. 261, § 27A-27G together with a copy of all accounts for the past six months. The affidavit should include the following language:

"I state under the pains and penalties of perjury that the statements made in this affidavit are true, that I have not omitted any assets that are available to me to pay fees, that I have not transferred any assets to avoid payment of the fee, and that I have not taken any action nor has any action been taken on my behalf to any assets in order to avoid having such assets used for payment of the fee."

2. For individuals receiving state or federal benefits: Please provide proof that you are currently indigent as defined at G.L. c. 261, § 27A. You may be eligible if you are:
 - (a) receiving public assistance under the aid to families with dependent children, program of emergency aid for elderly and disabled residents or veterans' benefits programs or who receive assistance under Title XVI of the Social Security Act or the Medicaid program, 42 U.S.C.A. 1396, et seq.;
 - (b) a person whose income, after taxes, is 125% or less of the current poverty threshold established annually by the Community Services Administration pursuant to section 625 of the Economic Opportunity Act; or are
 - (c) a person who is unable to pay the fees and costs without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

But an inmate shall not be declared indigent unless he has complied with the procedures set forth above.

REQUEST FOR PUBLICLY ACCESSIBLE MASSACHUSETTS CORI

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1. is serving a sentence of probation or incarceration, or is under the custody of the parole board; or
2. having been convicted of a misdemeanor, has been released from all custody or supervision not more than one year; or
3. having been convicted felony, has been released from all custody or supervision for not more than two years; or
4. having been sentenced to the custody of the department of correction, has finally been discharged therefrom, either having been denied release on parole or having been returned to penal custody for violating parole for not more than three years.

*Directions: Please fill this request form out as completely as possible. The more information you are able to provide, the more easily this agency will be able to process your request. A **non-refundable processing fee of \$30.00 is charged for each record requested and must be included with your request(s).** There will be no exceptions made to this rule. Only checks or money orders made payable to the Commonwealth of Massachusetts will be accepted. A self-addressed, stamped envelope must also be enclosed with your request(s). Walk in requests or faxed requests will not be accepted. Requests will be processed in the order in which they are received. Mail all requests to: the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit.*

All requests must be typed. Requests containing any illegible identifying information will be returned. If you are making more than one request, please copy this form and fill in the requested identifying information accordingly.

1.	<hr/>	<hr/>	<hr/>
	Last name	First name	Middle initial
	<hr/>	<hr/>	
	Maiden name	Alias	
	<hr/>	<hr/>	
	Date of Birth (MM/DD/YY)	Social Security Number (requested but not required)	
2.	<hr/>	<hr/>	<hr/>
	Last name	First name	Middle initial
	<hr/>	<hr/>	
	Maiden name	Alias	
	<hr/>	<hr/>	
	Date of Birth (MM/DD/YY)	Social Security Number (requested but not required)	